



COMMODITY SUPPLEMENTAL FOOD PROGRAM

POLICY AND PROCEDURE MANUAL

Chapter 2. Certification

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SUBJECT: Certification	Chapter: 2
	Section: 2.1
REFERENCES: 7 CFR 247.7 and 247.8(d)(4)	Page: 1 of 2
	Revised: 8-12-04

PURPOSE: To provide guidance for the certification process and completion of the CSFP Participant Application, Attachment 2.1.

POLICY: Local contractor staff or trained subcontracting agency personnel shall certify that each applicant is eligible prior to the issuance of program benefits.

PROCEDURES:

- A. All certification data for each participant shall be recorded on the CSFP Participant Application, Attachment 2.1.
- B. Each applicant must meet the following requirements:
 1. Categorically eligible as an infant, child, pregnant, postpartum or breastfeeding woman, or elderly person. See Section 2.2.
 2. Meet residency requirements. See Section 2.3.
 3. For women, infants and children, household income at or below 185% of federal poverty income guidelines, or households that receive food stamps, Medicaid or Temporary Assistance or who are eligible under existing Federal, State or local food, health or welfare programs for low-income persons. See Attachment 2.2 and Sections 2.4 and 2.5.
 4. For elderly persons, household income at or below 130% of federal poverty income guidelines. See Attachment 2.2 and Sections 2.4 and 2.5.
- C. The following sentences appear on the application and must be read by, or read to, the applicant or the applicant's parent or caretaker, in the appropriate translation, at the time of certification:
 1. Standards for participation in the program are the same for everyone regardless of race, color, age, sex, disability, or national origin.
 2. You may appeal any decision made by the local agency regarding your denial or termination from the Program.
 3. If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.



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4. It is illegal to participate in both the CSFP and the WIC program, and it is illegal to participate in two different CSFP programs at the same time.
- D. At the time of certification, instructions provided to each applicant shall include the subject matter contained in Attachment 2.3, "The CSFP Food Package is" and Attachment 2.4, "Health and Social Services Referral Information." Key points on these handouts will be discussed with and copies provided to each applicant.
- E. When funding is not available to provide Program benefits to all applicants, the Contractor or trained subcontracting agency personnel must maintain a waiting list of individuals who apply for the Program. See Section 2.6 and Attachments 2.5 and 2.6.
- F. A person found ineligible for the Program during a certification visit shall be advised in writing of the ineligibility and of the right to a fair hearing. See Section 2.7 and Attachment 2.7.
- G. A person found ineligible at any time during the certification period shall be advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing. See Section 2.7 and Attachment 2.7.
- H. Each participant shall be notified at least 15 days before the expiration of each certification period that eligibility for the Program is about to expire.
- I. Each participant shall receive an explanation of how the Contractor's CSF food delivery system operates.
- J. Certifications shall be established in accordance with the time frames explained in Section 2.8.
- K. Verification of Certification forms shall be issued to each participant who expresses the intent to relocate during the certification period and such forms from other CSFP sites or states shall be honored in accordance with Section 2.9 and Attachment 2.8.
- L. The Contractor shall submit information about women, infants and children participating in the Program to the State on a quarterly basis. Such information will be compared to the WIC Program participation rolls to determine whether dual participation has occurred. See Section 2.10 and Attachment 2.9.



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SUBJECT:	Categorical Eligibility	Chapter:	2
		Section:	2.2
REFERENCES:	7 CFR 247.7(a)(1)	Page:	1 of 2
		Revised:	8-2-04

PURPOSE: To define categories of individuals who are eligible to receive CSFP food packages and documents required to verify eligibility.

POLICY: The local agency shall determine categorical eligibility in accordance with federal regulation.

PROCEDURES:

Categorical eligibility is determined using the following criteria:

CATEGORY	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Elderly	Persons 60 years of age or older.	Birth certificate or hospital record of birth are preferred; if not available, may use any of the following which must show the applicant's name, age or date of birth: state identity card, insurance policy, driver's license, clinic, doctor, or hospital record, U.S. passport or U.S. citizen ID card, marriage or divorce record, voter's registration, military record, newspaper notice of birth, welfare card, any other document providing identifying data sufficient to establish age.	Self declared. See Sections 2.4 and 2.5.
Pregnant Woman	Woman <u>determined</u> to have one or more fetuses in utero.	Visual observation if the woman is obviously pregnant. Written note from a physician if pregnancy is not obvious.	Self declared income (see Sections 2.4 and 2.5) or a current notice of eligibility for food stamps or TA (Temporary Assistance).
Postpartum Woman	Woman up to 12 months after termination of pregnancy.	Birth certificate or hospital record of birth or newspaper notice of birth of infant (with date indicated) or physician's notice of an otherwise termination of pregnancy.	Same as pregnant woman.



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	Section: 2.2
REFERENCES: 7 CFR 247.7(a)(1)	Page: 2 of 2
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CATEGORY	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Breastfeeding Woman	Woman up to one year postpartum who is breastfeeding her infant.	Same as postpartum woman and woman does not take more than six cans of concentrate or 2 cans of powdered supplementary formula for her infant and states she is breastfeeding.	Same as pregnant woman.
Child	Person who is at least one year of age but has not reached their sixth birthday.	Birth certificate or hospital record of birth; if not available, use any of the following showing name and birthday: immunization record, adoption record, clinic, doctor or hospital record, U.S. passport or U.S. citizen ID card, welfare ID card, or any other document providing identifying data sufficient to establish proper age.	Same as pregnant woman.
Infant	Person under one year of age.	Same as for children.	Same as pregnant woman.



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SUBJECT:	Residency Requirement	Chapter:	2
		Section:	2.3
REFERENCES:	7 CFR 247.7(a)(5)	Page:	1 of 1
		Revised:	8-2-04

PURPOSE: To define the residency requirement for participation in the Missouri Commodity Supplemental Food Program.

POLICY: Person's eligible for Missouri's CSFP must reside in Missouri, within the normal service area of the local agency or distribution site. There are no duration or fixed residency requirements. Migrant and seasonal farm workers are considered as meeting the residency requirement.

PROCEDURES:

- A. Local agencies are authorized to serve residents from counties within their normal service area as defined by Second Harvest. In special cases, local agencies may serve residents from counties outside their service area as long as the area does not overlap another local agency's CSFP service area.
- B. Local agencies will establish distinct, non-overlapping service areas for distribution and certification sites under their jurisdiction.
- C. Elderly persons living in nursing homes are not eligible for CSFP benefits.
- D. Verification of residency may include a utility bill, driver's license, welfare identification card, a letter addressed to the applicant, or an indication from an employer that residency is in Missouri.



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SUBJECT:	Participant Income	Chapter:	2
		Section:	2.4
REFERENCES:	7 CFR 247.7(a)(2)&(3) and CFR 246.7(d)(2)(ii)	Page:	1 of 2
		Revised:	8-2-04

PURPOSE: To define what is considered income for purposes of CSFP income eligibility assessment.

POLICY: The local agency shall use the definition of income established in the federal regulations.

PROCEDURES:

- A. Income is gross cash income before any deductions including those for:
 - 1. Income taxes.
 - 2. Employee's social security taxes.
 - 3. Insurance premiums.
 - 4. Retirement.
 - 5. Any other deductions, such as bonds or garnishments.
- B. The local agency shall count as income the following.
 - 1. Monetary compensation for services, including:
 - a. Wages or salary.
 - b. Commissions.
 - c. Fees.
 - d. Tips.
 - e. Training stipends, except where elsewhere excluded. (See Section 2.5).
 - 2. Net income (gross receipts less operating expenses) from:
 - a. Farming self-employment.
 - b. Non-farming self-employment.
 - c. Rental property.
 - d. Royalties.
 - 3. Social Security benefits.
 - 4. Public assistance or welfare payments.
 - 5. Unemployment compensation.
 - 6. Strike benefits.
 - 7. Workmen's compensation.
 - 8. Pensions, retirement pay or annuities from:
 - a. Government.
 - b. Military or veteran's agencies.
 - c. Private companies.
 - 9. Alimony received.
 - 10. Child support received.
 - 11. Dividends or interest received.



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REFERENCES:	7 CFR 247.7(a)(2)&(3) and CFR 246.7(d)(2)(ii)	Page:	2 of 2
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12. Income from estates or trust accounts.
13. Regular contributions from a person not living in the household, such as parental assistance to students.
14. Other cash income such as:
 - a. Prizes.
 - b. Military housing allowance if assigned to a high cost of living area. (CONUS)
 - c. Withdrawal from savings or investments.
 - d. Student financial assistance that does not meet specific exclusions. (See Section 2.5)
 - e. Loans that do not need to be repaid.
 - f. Capital gains.
 - g. Lump sum payments that are not reimbursements for lost assets or injuries, (e.g. lottery winnings, settlements over and above loss of assets).
 - i. The agency should treat these in a way that most accurately reflects the economic situation of the household.
 - ii. The agency should count these as annual income, not current monthly income. The agency may divide the total amount by 12 to calculate monthly income.
 - h. Family Subsistence Supplemental Allowances (FSSA) provided by the Department of Defense (DOD) to low-income members of the Armed Forces.



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SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247.7(a)(2)&(3) and CFR 246.7(d)(2)(iv,v)	Page:	1 of 3
		Revised:	8-2-04

PURPOSE: To define what is not considered income in determining CSFP income eligibility.

POLICY: The local agency shall not count as income anything excluded by federal regulations.

PROCEDURES:

- A. Non-cash income or benefits will not be considered income by the local agency.
- B. The local agency shall not count as income the following.
 - 1. The value of:
 - a. In-kind housing or other benefits.
 - b. Bartered services.
 - 2. The Basic Allowance for Housing (BAH) received by military families, living in the United States. This exclusion includes payments for both off-base housing and for privatized on-base housing.
 - 3. The cost of living allowance the family receives when the military member is assigned and lives overseas, but the family (participant) lives within the United States. This is referred to as (OCONUS COLA).
 - 4. Volunteer payments through:
 - a. Title I and II of the Domestic Volunteer Service Act of 1973 (VISTA and others, and RSVP, SCP, foster grandparents and others).
 - b. Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE).
 - 5. Payments through:
 - a. The Job Training Partnership Act (JTPA).
 - b. Summer youth employment and training programs (SYETP).
 - c. Programs for Native Americans.
 - d. Migrant and Seasonal Farmworkers Program.
 - e. Veterans Employment Programs.
 - f. Job Corps.
 - g. HUD rent subsidies.
 - h. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended in 1987. This is for persons displaced from their homes by federal or state projects.
 - i. The Civil Liberties Act of 1988 (Japanese internment camps).
 - j. Dislocated worker programs.



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6. Cash stipend from the Division of Mental Retardation & Developmental Disabilities for purchasing goods & services for a family member with a developmental disability.
7. The value of assistance to children or their families under the:
 - a. National School Lunch Act.
 - b. Child Nutrition Act of 1966 (Special Milk, School Breakfast, Summer Food Service, and Child & Adult Care Food Programs).
 - c. Food Stamp Act of 1977.
8. Benefits received through childcare grant programs under:
 - a. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act. These include these programs operated through Family Services.
 - i. Transitional Child Care (At-Risk) program.
 - ii. Futures (JOBS) program.
 - b. Childcare and Development Block Grant.
9. Student financial assistance that meets all the following criteria.
 - a. Used to pay for costs of attending the institution at least half-time, but not for room and board or dependent care. Institutional attendance costs include:
 - i. Tuition and fees.
 - ii. Books and supplies.
 - iii. Transportation.
 - iv. Miscellaneous personal expenses for the student.
 - b. Provided through any of the following under Title IV of the Higher Education Act of 1965:
 - i. Pell Grants.
 - ii. Supplemental Educational Opportunity Grant.
 - iii. Stafford Loans.
 - iv. Perkins Loans.
 - v. PLUS Loans/Supplemental loans for students.
 - vi. College Work Study.
 - vii. Byrd Honor Scholarship programs.
10. Tax refunds.
11. Gifts periodically given.
12. Loans of any kind that must be repaid.
13. Reimbursements for expenses incurred such as:
 - a. Business expenses.
 - b. Medical bills.



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		Section:	2.5
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14. Lump sum payments or large cash settlements received by family (economic unit) as reimbursements for lost assets or injuries. For other cash income, see Section 2.4, "Participant Income ".
15. Any subsidy that a household receives through the prescription drug discount card program.



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SUBJECT: Waiting Lists	Chapter: 2
	Section: 2.6
REFERENCES: 7 CFR 247.7(b)	Page: 1 of 2
	Revised: 8-12-04

PURPOSE: To provide guidance for establishing a waiting list when there are no funds available to provide program benefits for individuals who visit the local agency to apply for the Missouri Commodity Supplemental Food Program.

POLICY: When the maximum caseload is reached the contractor or subcontractor shall implement a waiting list in accordance with federal regulation.

PROCEDURES:

- A. The contractor assigns maximum caseloads to each subcontractor. See Chapter 3. Caseload Management. When the maximum caseload is reached the contractor or subcontractor shall implement a waiting list using Attachment 2.5, Participant Waiting List or a facsimile.
- B. Individuals are notified of their placement on a waiting list within 20 days after they visit the local agency during regular office hours. Participants placed on the waiting list are told verbally that they are being placed on a waiting list or they are notified in writing using Attachment 2.6, Notification of Applicant Status or a facsimile. A copy of the notification is retained in the participant's file. If verbal notification is given, it is documented on the waiting list form.
- C. If there is no waiting list, a person determined eligible for program benefits receives supplemental foods within 10 days of notification of eligibility.
- D. Individuals who are determined to be ineligible for participation in the CSFP are notified of their ineligibility within 20 days of the first on-site visit to apply for program benefits.
- E. As the certification period of a current participant expires, the contractor or trained subcontracting agency personnel must first serve any transferring participants, see Section 2.9. If there are none, the certifying official must apply the following priorities:
 - Priority 1: Pregnant or breastfeeding women or infants at risk of inadequate diet due to limited income.
 - Priority 2: Children at risk of inadequate diet due to limited income, ages 1 through 3.
 - Priority 3: Children at risk of inadequate diet due to limited income, ages 4 through 5.
 - Priority 4: Postpartum women at risk of inadequate diet due to limited income.



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SUBJECT: Waiting Lists	Chapter: 2
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Priority 5: Elderly person at risk of inadequate diet due to limited income and are confined to their homes because of a physical disability, medical reason, lack of accessibility to a motor vehicle or lack of a valid driver's license or a restricted driver's license.

Priority 6: Elderly person at risk of inadequate diet due to limited income, and is not homebound.

- F. Available caseload authorizations must be offered to the first individual listed in any priority category above that of the individual whose certification period has expired. Use Attachment 2.6, Notification of Applicant Status, to notify both individuals. It is not considered an adverse action if an individual cannot be re-certified due to their priority category. The individual becomes an applicant on the waiting list again. Notification of appeal rights is not required at the expiration of a certification period, per 7 CFR Ch. II, Part 247.20(b).

Scenario #1: Elderly person AB is due to be re-certified. Five year-old child CD is on the waiting list. Elder person AB is given a Notification of Applicant Status with the first statement checked, "We are at maximum caseload...". Five year-old child CD is sent a Notification of Applicant Status with either the second or third statement checked.

Scenario #2: Elderly person AB is due to be re-certified. Although there are elderly persons on the waiting list in Priority 6, there are no individuals in Priorities 1 through 5. Elderly person AB is eligible to be re-certified.



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SUBJECT:	Fair Hearings	Chapter:	2
		Section:	2.7
REFERENCES:	7 CFR 247.7(f)(1 - 3) and 7 CFR 247.20	Page:	1 of 1
		Revised:	8-2-04

PURPOSE: To provide guidance for notifying applicants of their right to a fair hearing and their appeal rights.

POLICY: At the time of certification and re-certification, applicants are informed that they have a right to a fair hearing and that they may appeal any decision made by the local agency regarding denial or termination from the CSFP.

PROCEDURES:

- A. The statement, “You may appeal any decision made by the local agency regarding your denial or termination from the Program” appears on the Participant Application, Attachment 2.1, and will be read by or to each applicant as part of certification and re-certification.
- B. When certification periods expire, appeal rights notification is not required per 7 CFR 247.20(b). Recertification depends on caseload availability and eligibility. See Section 2.6 – Waiting Lists.
- C. A person found ineligible for the Program during the certification process shall be advised in writing of the reasons for ineligibility and of the right to a fair hearing using Attachment 2.7, Notice of Adverse Action. Documentation of the reasons for ineligibility shall be retained on file at the local agency.
- D. A person found ineligible at any time during the certification period shall be advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing using Attachment 2.7, Notice of Adverse Action. A copy of the notification is maintained in the applicant’s file.
- E. Applicants or participants wishing to appeal denial or termination of benefits will have 60 days from the date of notice of ineligibility. The request for a hearing is defined as, any clear expression by the individual, guardian, or other representative that an opportunity to present its case to a Hearing Officer is desired.
- F. See Chapter 12 for details about fair hearings for individuals (Section 12.1) and for local agencies (Section 12.2).



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SUBJECT:	Certification Periods	Chapter: 2
		Section: 2.8
REFERENCES:	7 CFR 247.7(g)	Page: 1 of 2
		Revised: 8-2-04

PURPOSE: To define the length of certification periods for program benefits according to participant category.

POLICY: Program benefits shall be based upon certifications established in accordance with the time frames designated by federal regulation.

PROCEDURES:

Each participant is certified for Program benefits for the following intervals.

CATEGORY	CERTIFICATION PERIOD
Elderly	Certified at the time of entrance into the program and at six-month intervals. At the initial and each odd-numbered certification (one year intervals), the elderly person's certification shall be based on an assessment of newly submitted eligibility information. On each even-numbered certification (first six month interval, annual intervals thereafter), re-certification can be done by contacting the elderly person to see if they are still interested <u>and by confirming each participant's address</u> . If they are interested, they can be continued for another six months. Even and odd-certification periods will be documented on the certification form.
Pregnant Woman	A pregnant woman will be certified at the time of entrance into the program for the duration of her pregnancy and for six weeks postpartum.
Postpartum Woman	<p>A woman enrolled in the program during pregnancy will be screened for re-certification within six weeks of termination of the pregnancy for a six-month certification period. She is eligible for benefits through the month her infant turns one year of age, using two certification periods.</p> <p>A postpartum woman not enrolled during pregnancy may be screened for certification at any time up to one year postpartum by using six-month intervals, not to extend beyond the month her infant turns one year of age.</p>



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CATEGORY	CERTIFICATION PERIOD
Breastfeeding Woman NOTE: A woman's status of breastfeeding ends when breastfeeding is discontinued during the baby's first year, or with the end of the month that the infant turns one year of age.	<p>A breastfeeding woman enrolled in the program during pregnancy will be screened for re-certification within six weeks of termination of pregnancy as a breastfeeding woman.</p> <p>A breastfeeding woman not enrolled during pregnancy may be certified at any time up to one year postpartum. A woman will be certified as breastfeeding at intervals of six months. A woman certified as breastfeeding is terminated the month her baby turns one year of age regardless of the length of the certification period.</p> <p>If a breastfeeding woman participant stops breastfeeding at any time before the end of the six-month certification period, her condition status changes from breastfeeding to postpartum. If waiting lists are imposed, she will continue to receive benefits until the end of her current certification period, at which time she will be re-evaluated based on priority needs.</p>
Child	<p>A child will be certified at the time of entrance into the program and at six-month intervals thereafter. A child will be terminated from the CSFP no later than his/her sixth birthday. Program benefits may be continued until the end of the month in which the child has his/her sixth birthday.</p>
Infant	<p>An infant will be certified at the time of entrance into the program and at six-month intervals thereafter. An infant born to a CSFP mother can be issued food for one month based on the mother's eligibility, however, before the next month's food is issued, a certification screening must be completed for the infant.</p> <p>Category and priority change from infant to child will take place at one year of age. Re-screening will not be required if six months has not lapsed. An infant's food package can be given the month the infant turns one year of age, or a child's package can be given at the mother's discretion.</p>



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SUBJECT:	Transfer of Certification	Chapter:	2
		Section:	2.9
REFERENCES:	7 CFR 247.7(i)	Page:	1 of 1
		Revised:	8-2-04

PURPOSE: To provide a mechanism for certified participants to retain eligibility if they relocate during the certification period.

POLICY: Every participant who intends to relocate during the certification period shall be issued a Verification of Certification form, Attachment 2.8. Local agencies and their subcontractors will accept Verification of Certification forms from other CSFP agencies in accordance with federal regulation and this policy.

PROCEDURES:

- A. Local agencies and/or certification sites shall issue Verification of Certification form, Attachment 2.8 to any participant who expresses intent to relocate during the certification period.
- B. Local agencies and/or certification sites shall accept Verification of Certification form, Attachment 2.8 issued by other local agencies or similar documents issued by other states.
- C. The verification of certification is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits.
- D. If a receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all waiting applicants.



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SUBJECT: Dual Participation	Chapter: 2
	Section: 2.10
REFERENCES: 7 CFR 247.7(j)	Page: 1 of 1
	Revised: 8-2-04

PURPOSE: To provide a mechanism for detecting and preventing dual participation.

POLICY: Local agencies in conjunction with the Department are responsible for the detection and prevention of dual participation.

PROCEDURES:

- A. The following sentence appears on the application and must be read by, or read to, the applicant or the applicant's parent or caretaker, in the appropriate translation, at the time of certification, "It is illegal to participate in both the CSFP and the WIC program, and it is illegal to participate in two different CSFP programs at the same time." See Section 2.1.
- B. Local agencies shall establish safeguards against dual participation in two different CSFP programs at the same time by establishing procedures that identify participants who are participating in two different programs or by establishing specific service areas for each distribution site.
- C. Local agencies shall refer categorically eligible women, infant and child applicants to the WIC Program, especially those who appear to be at high risk, while providing applicants with the right to choose between the two programs.
- D. The State Agency conducts research to detect dual participation in both the CSFP and the WIC program. On a semiannual basis, in July and January, the local agencies shall submit Attachment 2.9 electronically. Listed on this Excel spreadsheet shall be the name, date of birth, social security numbers of the participant and the guardian (for infants and children), county of residence and the sex of each woman, infant and child participating in CSFP. If either social security number is not provided or not available, the participant's complete address must be provided.
- E. The State Agency will immediately notify appropriate local contractors of CSFP participants who are determined to be dually participating in CSFP and WIC, unless it is determined by WICNS that termination in the WIC program is more appropriate. The Local agency shall take action to terminate the participant from CSFP immediately using the Notice of Adverse Action, Attachment 2.7. A copy of the Notice of Adverse Action must be submitted to the State to assure that dual participation has been suspended.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
COMMODITY SUPPLEMENTAL FOOD PROGRAM
PARTICIPANT APPLICATION

Attachment 2.1

NAME OF APPLICANT		SOCIAL SECURITY NUMBER		
ADDRESS		TELEPHONE NUMBER		
CITY/STATE/ZIP CODE		TOTAL NUMBER LIVING IN HOUSEHOLD		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON THE CSFP? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON WIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
NAMES OF QUALIFYING HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RACIAL ETHNIC DATA				
AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Indicate source and amount of current (last month's) income before deductions, such as taxes and social security. This amount must include income of all household members. If last month's income is not representative of usual household income, please project a yearly income which would be. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc.				
HOUSEHOLD INCOME		AMOUNT	HOW OFTEN RECEIVED	
GROSS SALARY, WAGES				
SOCIAL SECURITY				
PUBLIC ASSISTANCE (WELFARE)				
CHILD SUPPORT (ALIMONY)				
PENSIONS/RETIREMENT				
SELF-EMPLOYMENT				
UNEMPLOYMENT				
OTHER INCOME				
TOTAL HOUSEHOLD INCOME				
BEFORE SIGNING, BE AWARE OF YOUR RIGHTS: * Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability. * You may appeal any decision made by the local agency regarding your denial or termination from the Program. * If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.				
SIGNATURE: This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I also understand that it is illegal to participate in both the CSFP and the WIC program, and it is illegal to participate in two different CSFP programs at the same time.				
SIGNATURE OF APPLICANT OR GUARDIAN 			DATE	
FOR AGENCY USE ONLY				
TYPE OF PROOF OF AGE/ELIGIBILITY PRESENTED		RESIDENCY VERIFIED?	HEALTH AND SOCIAL SERVICES INFORMATION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CERTIFYING OFFICIAL		TITLE		
ELIGIBLE	INELIGIBLE	CATEGORY PG PP BF INF CH ELD	DATE OF CERTIFICATION	
RECERTIFICATION (6 MONTH)				
NAME, ADDRESS, SSN VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CATEGORY PG PP BF INF CH ELD	DATE OF RECERTIFICATION	
SIGNATURE OF CERTIFYING OFFICIAL 			TITLE	

Women, Infants, and Children
 185 percent of the [Federal Poverty Income Guidelines](#)
 amounts valid until March 31, 2005

*Pregnant women are counted as **two** family members**

Family Size	Annual	Monthly	Weekly
1	\$17,224	\$1,436	\$332
2	\$23,107	\$1,926	\$445
3	\$28,990	\$2,416	\$558
4	\$34,873	\$2,907	\$671
5	\$40,756	\$3,397	\$784
6	\$46,639	\$3,887	\$897
7	\$52,522	\$4,377	\$1,011
8	\$58,405	\$4,868	\$1,124
Each additional family member	Plus \$5,883	Plus \$491	Plus \$114

* In the case of a known multiple birth pregnancy, each fetus will be counted as one family member.

Persons 60 Years and Older
 130 percent of the [Federal Poverty Income Guidelines](#)
 amounts valid until March 31, 2005

Family Size	Annual	Monthly	Weekly
1	\$12,103	\$1,009	\$233
2	\$16,237	\$1,354	\$313
3	\$20,371	\$1,698	\$392
4	\$24,505	\$2,043	\$472
5	\$28,639	\$2,387	\$551
6	\$32,773	\$2,732	\$631
7	\$36,907	\$3,076	\$710
8	\$41,041	\$3,421	\$790
Each additional family member	+\$4,134	+\$345	+\$80

The Commodity Supplemental Food Package is:

- ✓ for YOU, the participant, not for other family members.
- ✓ designed to SUPPLEMENT your food intake in order to meet YOUR special nutrition needs. See the chart below.

If you have additional special dietary needs, please notify the certification or distribution staff. They may be able to suggest ways to select adequate diets.

COMMODITY	INFANTS & CHILDREN				MOMS		SENIORS
Food Type Package size	0-3 mos.	4-12 mos.	1-2 yrs	3-6 yrs	Pregnant or breastfeeding	Non- breastfeeding postpartum	60 yrs & over
Canned Meat 24-29 oz.			1	1	1	1	1
Canned Vegetables 14-16 oz.			4	4	6	4	4
Canned Fruits 14-16 oz.			2	2	4	2	2
Cereal Varies			1	1	1	1	1
Cheese 2 lbs			1	1	1	1	1
Pasta or rice or potatoes 2 lbs			1	1	1	1	1
Evaporated Milk 12 oz.			33	5	11	3	3
Dry Beans or Peanut butter 1 lbs 18 oz.			1	1	1	1	1
Dry Milk 1.8 lbs.				1	1	1	1
Juice, 100% 46 oz.			4	4	5	3	3
Infant Formula 14 oz powder	9	9					
Infant Cereal 8 oz.		2					

Available with your food package or at the distribution site are:

- ✓ Recipes and nutrition tips suggesting ways to select adequate diets.
- ✓ Information on the use of the supplemental foods and on the nutritional value of the foods. <http://www.fns.usda.gov/fdd/facts/hhpfacts/hp-csfp.htm>
- ✓ Information on the benefits of breastfeeding. <http://www.dhss.mo.gov/breastfeeding/>



Commodity Supplemental Food Program Health and Social Services Referral Information

Supplemental Nutrition Program for Women, Infants and Children (WIC)

- WIC is a nutrition education, health promotion and supplemental food program to assist women, infants and children who have nutritional needs. Benefits include: nutrition education guidance for women and their children at no cost, breastfeeding education and support, nutritious foods to supplement your diet, such as cheese, milk, eggs, and cereal, at no cost, and referrals for health care.

IMPORTANT NOTICE: Individuals MAY NOT participate in WIC and CSFP at the same time.

For more information call 1-800-392-8209 or visit <http://www.dhss.mo.gov/wic>.

Child Support Enforcement (CSE):

- CSE's responsibilities include locating parents, establishing paternity, establishing child and medical support orders, monitoring and enforcing compliance with child and medical support orders, and distributing support collections.

Call CSE toll free at 1-800-859-7999 for more information.

Food Stamps

- Eligible households receive an allotment of food benefits that may be used to purchase any food or food products prepared for human consumption except for alcoholic beverages and tobacco, hot foods, or foods prepared for immediate consumption. Foods may be purchased using the food stamp benefits from any grocery or retail store anywhere in the U.S. that has been authorized by USDA.

Call the local Family Support Division Office or go to <http://www.dss.mo.gov/fsd/fstamp>.

MC+ for Kids – Missouri's Health Insurance Program for Children

- MC+ for Kids, part of the federal Children's Health Insurance Program is a health insurance program for uninsured children of low-income families who do not have access to affordable health insurance. Uninsured children, ages birth to 19, whose gross family income is up to 300% of the federal poverty level are eligible.

For more information, call 1-888-275-5908.

Medicaid

- The Medicaid program provides medical services to persons who meet eligibility requirements as determined by the Family Support Division. The goals of the program are to promote good health, to prevent illness and premature death, correct or limit disability, to treat illness, and to provide rehabilitation to persons with disabilities.

For more information, call 1-800-392-2161

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. Revised: 8/04

Temporary Assistance

- The Temporary Assistance Program provides assistance to needy families with children so they can be cared for in their own home. The program reduces dependency by promoting job preparation, work and marriage. Funds may also be used to prevent non-marital pregnancies and encourage the formation and maintenance of two-parent families.

For more information, contact the Family Support Division at 1-800-392-1261

Supplemental Security Income (SSI)

- SSI pays monthly benefits to people who are 65 and older, or blind, or have a disability and who don't own much or have a lot of income. Many people who get SSI are also eligible to receive Food Stamps and Medicaid benefits.

To apply, visit your local Social Security Office or call 1-800-772-1213.

Medicare

- Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 whom have received social security disability cash benefits for at least 24 months, and persons with end stage renal disease (ESRD). Part A of Medicare covers inpatient hospitalizations, short term skilled nursing facility care, home health, and hospice care for the terminally ill. Part B covers physician's services, outpatient hospital care, therapy, ambulance transportation, lab and x-ray services, durable medical equipment, and home health services. Various deductibles and cost sharing amounts are the responsibility of the beneficiary or any supplemental insurance they may have. Medicare benefits can be received through a fee-for-service system or managed care plans in some areas of the state.

For more information call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

Energy Assistance Program

- The Missouri Low Income Home Energy Assistance Program is designed to help pay heating bills for those Missourians in need of assistance during the months of December, January, February, and March. Applications for the program are accepted by the Family Support Division from November through March. To qualify, you must be responsible for paying heating costs and meet specific income guidelines based on household size.

For more information call 1-800-392-1261.

TEL-LINK 1-800-835-5465

Tel-Link can connect you to services for: Family planning, prenatal care, parenting, sexually transmitted diseases, immunizations, alcohol and drug abuse, sexual assault or rape, family violence, pregnancy/infant loss, adoption, counseling, children with special health care needs, well-child clinics and more.

Other Important Numbers:

Child Abuse/Neglect Hotline – 1-800-392-3738
Parental Stress Helpline – 1-800-367-2543

Aging Information Hotline – 1-800-235-5503
Elderly Abuse or Neglect Hotline – 1-800-392-0210

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
COMMUNITY FOOD AND NUTRITION ASSISTANCE
COMMODITY SUPPLEMENTAL FOOD PROGRAM
PARTICIPANT WAITING LIST

Attachment 2.5

[illegible]

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
COMMODITY SUPPLEMENTAL FOOD PROGRAM
NOTIFICATION OF APPLICANT STATUS

Local Agency Address: _____

Date: _____

Applicant's Name: _____

Address: _____

CATEGORIES:

PG – Pregnant Woman BF – Breastfeeding Woman PP – Postpartum

INF – Infant CH – Child ELD – Elderly

WAITING LIST NOTIFICATION:

_____ We are at maximum caseload and are unable to process you at this time.
You will be placed on a waiting list and contacted when slots become
available.

_____ We have caseload openings now. Please be informed it is time to re-
determine your eligibility for the CSFP.

_____ Complete the enclosed forms and bring them and the applicant/participant
listed above to our office located at the address above during the hours of
_____ - _____ on these days or dates _____.

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
COMMUNITY FOOD AND NUTRITION ASSISTANCE
NOTICE OF ADVERSE ACTION

Attachment 2.7

NAME: _____

CASE NUMBER: _____

ADDRESS: _____

DATE: _____

This is to inform you that the following action will be taken regarding your participation in the CSFP:

- ☐ The amounts of CSFP commodities you have been receiving will be reduced effective _____.
- ☐ You have been determined to be ineligible for CSFP commodities.
- ☐ You are no longer eligible to receive CSFP commodities.

The reason for this action is listed below:

Tear along the dotted line and return to your Food Distribution site

You have a right to request a Fair Hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. If you have been determined to be ineligible for CSFP participation, you may appeal within 60 days of the date this notice is mailed. If a hearing is not requested, your benefits will be reduced or terminated accordingly.

If you request a Fair Hearing, you may continue to receive benefits until a hearing decision is arrived at, unless you have been determined to be ineligible for the CSFP. If the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

☐ I WISH TO REQUEST A FAIR HEARING ☐ YES ☐ NO

NAME: _____

PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF COMMUNITY HEALTH
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
VERIFICATION OF CERTIFICATION

Name of Participant: _____

Date Certified: _____

Date Certification Expires: _____

Category: ☐ ELD – Elderly ☐ INF – Infant ☐ CH – Child
☐ PG – Pregnant Woman ☐ BF – Breastfeeding Woman ☐ PP – Postpartum

Verification Statement:

The participant named above has expressed intent to relocate and is eligible to participate in the Commodity Supplemental Food Program until the stated expiration date. This Verification of Certification form shall be accepted as proof of eligibility for Program benefits.

If a waiting list exists at the receiving local agency, the named participant shall be placed on the list ahead of all waiting applicants.

The CSFP Participant Application for the participant named above is on file at:

 Certifying local agency Agency code

 Local agency address Zip Code

 Signature of local agency official Date:

 Title of local agency official
 (Please print of type)

Attachment 2.9

THIS INFORMATION IS CONFIDENTIAL

Highlighted fields are required. Address is required if either SSN is not available.

[illegible]